



## ADDRESS CHANGE REQUEST FORM

### Physical Location (Address)

---

---

### Current Owner(s) Listed on Account (or Affix Label)

---

---

Account Number: \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

### Type of Accounts Affected (Please Circle):

- Real Property
- Personal Property
- Sewer

### PRINT Name of Person Requesting Change

---

### Contact information for source of request:

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Time and Date of Call: \_\_\_\_\_

Date \_\_\_\_\_

**Upon completion, copies should be provided between Assessing and Tax Collection Offices.**

**Confirm New Mailing Address:** The address at which you request to receive mail regarding the services above:

---

---

---

Email to [assessing@cityofbelfast.org](mailto:assessing@cityofbelfast.org) or return to:

Assessing Assistant  
City of Belfast  
131 Church Street  
Belfast, ME 04915  
(207) 338-3370 x117

Due to assessing regulations, the Tax Clerk CANNOT make changes to owner names or mailing addresses for any real or personal property accounts until this form is completed and returned to the Assessing Office.

**Tax bills list owners as of April 1<sup>st</sup>, resulting in unintended forwarding to the prior owner in some instances.**

Please complete this form if our mailing records are not up to date. If you have any questions, please call the Assessing Office at 207-338-3370 x117.

---

Owner Signature and Date